	``							201 /	WAILA	<u> </u>	COPY		
•											ocket Num		
	PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000							09/746,337					
	CLAIMS AS FILED - PART I							SMALL ENTITY OTHER THAN					
F	OTAL CLAIMS	(Column 1) (Column 2)			ımn 2)]	YPE [SMALL ENTIT			
								RATE	FEE		RATE	FEE	
F	OR ·		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.0	
INC	OTAL CHARGEABLE CLAIMS		15 minus 20=		-			X\$ 9=		OR	X\$18=		
	IDEPENDENT CLAIMS		14 minus 3 =					X40=	440-00		X80=		
	ULTIPLE DEPENDENT CLAIM PI		RESENT					. 405	770-				
٠,	t the difference	less than zero, enter "0" in column 2			' L	+135=		OR	L				
ľ							TOTAL	795,00	OR	TOTAL			
ENT A	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I		
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TIONA FEE	
AMENDMENT	Total	. (Minus	m e	2	Ξ		X\$ 9=		OR	X\$18=		
AME	Independent	<u> </u>	Minus			=		X40=		OR	X80=		
	FIRST PRESE	ULTIPLE DEPENDENT CLAIM			!	+135=		OR	+270=				
AMENDMENT B	1 0 - 1	1					L	TOTAL		00	TOTAL		
	(Column 1) (Column 2) (Column 3)							DDIT. FEE	L	J * * * .	ADDIT. FEE		
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
	Total	. 15	Minus	" Ó	10	= _		X\$ 9=	. /	OR	X\$18=	/	
	Independent	· 14	Minus		<u> </u>	=		X40=	- /	OR	X80=/	. —	
	FIRST PRESE	JLTIPLE DEF	PENDENT CLAIM			!	+135=		OR	+270=			
	*						L.	TOTAL DOIT, FEE		OR	TOTAL ADDIT: FEE		
	(Column 1) (Column 2) (Column 3)							DOM: 7 CL		,	ADOM: 1 CC		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	$] \lceil$	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
Š	Total	•	Minus	••		=	1 F	X\$ 9=		OR	X\$18=		
₩ E	Independent	•	Minus	•••		=	 -	X40=					
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟	A40=		OR	X80=		
	If the enterin	mn t ie laas te te	o animi in ant		~~		L	+ 135 -		OR	+270=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		

FORM PTO-875 (Rev. 8/00)

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